

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT -7 AM 11:33
TALLAHASSEE, FLORIDA

DOCUMENT # P06000125554

1. Corporation Name

LC 1 Trucking Corp.

W08-46234

2. Principal Office Address - No P.O. Box #

2993 W 80th Suite 30
Hialeah, FL 33018

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 30

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Zip

33018

Country

Miami Dade

Zip

Country

REINSTATEMENT 07-08
CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0685609

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Luis Palma

Street Address (P.O. Box Number is Not Acceptable)

2993 W 80th

Suite, Apt. #, Etc.

Suite 30

City

Hialeah

State

FL

Zip Code

33018

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Luis PALMA	2993 W 80th Suite 30	Hialeah, FL 33018
VP	CARMEN ACOSTA	2993 W 80th Suite 30	Hialeah, FL 33018

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10/09/08--01046--010 **300.00

10/10/08

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Luis Palma

10-6-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #